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ABSTRACT

A study was conducted of phencyclidine use by a national sample of 2,750 youthful drug abuse clients representing 97 drug abuse treatment programs. Data from this 1976-1977 client survey indicated that phencyclidine use is widespread. More than 31% of the subjects reported current or past use of phencyclidine, with males and females having similar exposure rates. While the sample cannot be viewed as representative, the data do indicate that phencyclidine is in use in all regions of the country with the highest rates reported in the Great Lakes and Midwest regions. Further examination of the data suggests that phencyclidine subjects tend to be multiple substance users who, on the average, take twice as many different substances as other youthful drug users. It was also found that more than half the phencyclidine subjects reported themselves as using the drug one or more times weekly over the course of a three-month period. Phencyclidine users were more likely than nonusers to report themselves as having had difficulties involving toxic reactions, self-destructive acts, and prior treatment episodes. (Author)

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National Institute on Drug Abuse

SERVICES RESEARCH REPORT

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Phencyclidine Use Among Youths in Drug Abuse Treatment

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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CONTENTS

	Page
LIST OF TABLES	2
SUMMARY	3
INTRODUCTION	4
METHODOLOGY	4
FINDINGS	4
APPENDIX	21

LIST OF TABLES

			Page
Chart	1.	Regional Distribution of Participating Programs	5
Table	1.	Use of 15 Drug Types for Youths in Treatment	6
Table	2.	Comparison of Subjects Who "Ever Used" With Those Who "Never Used" Phencyclidine	8
Table	3.	Phencyclidine Use by Region	9
Table	4.	Mean Age of 1st Drug Use & 1st Continuing Drug Use by Sex	10
Figure	1.	Comparison of Age of First PCP Use and Age of First Continuous Use of PCP	11
Table	5.	Percentage of Subjects Reporting "Continued Use" for Each Drug Type	12
Table	6.	Phencyclidine Users (N = 875) Who Used Each of the Other Drug Types	13
Table	7.	Frequency of Phencyclidine Use by Subjects Currently Using Phencyclidine	14
Table	8.	Average Peak Frequency of Phencyclidine Use	15
Table	9.	Ratings of Ease in Obtaining Phencyclidine	16
Table	10.	Primary Sources of Obtaining Phencyclidine	17
Table	11.	Self-Destructive Behavior by Phencyclidine Users and Nonusers of Phencyclidine	18
Table	12.	Primary Source of Referral	19
Table	A.	Demographic Characteristics of the NYPS Sample	22

SUMMARY

Study was conducted of Phencyclidine use by a national sample of 2,750 youthful drug abuse clients representing 97 drug abuse treatment programs. Data from this 1976-1977 client survey indicated that phencyclidine use is widespread. More than 31 percent of the subjects reported current or past use of phencyclidine, with males and females having similar exposure rates. While the sample cannot be viewed as representative, the data do indicate that phencyclidine is in use in all regions of the country with the highest rates reported in the Great Lakes and Midwest regions.

Further examination of the data suggests that phencyclidine subjects tend to be multiple substance users who, on the average, take twice as many different substances as other youthful drug users. It was also found that more than half the phencyclidine subjects reported themselves as using the drug one or more times weekly over the course of a 3-month period.

Phencyclidine users were more likely than nonusers to report themselves as having had difficulties involving toxic reactions, self-destructive acts, and prior treatment episodes.

PHENCYCLIDINE USE AMONG YOUTHS IN DRUG ABUSE TREATMENT

Alfred S. Friedman, Ph.D., Edward Farley, Yoav Santo, M.A., David Speck, B.Ph.

INTRODUCTION

Phencyclidine has recently surfaced as one of the most publicized "street" drugs in the United States and for some very important reasons. There are serious physiological and psychological dangers associated with the use of this drug and there is evidence that it is becoming more widely used. Phencyclidine is relatively easy and inexpensive to manufacture and consequently can be targeted to youthful drug users of relative modest means.

The drug has been sold under many different names, including "PCP" or "Peace Pill," "Angel Dust," "Hog," and "Killer Weed." It has also been used in many different forms: powder, tablet, leaf mixtures, and "rock" crystal, and in combination with other drugs. On the illicit market, phencyclidine reportedly often is substituted for another drug because it is easier to obtain. Phencyclidine users can never be sure what dose they are getting and there is always the possibility that contaminants may be included with the drug.

In recognition of the emerging significance of this drug, the National Institute on Drug Abuse (NIDA) has initiated several studies to increase understanding about the nature and extent of phencyclidine use. In addition, steps are being taken by the Institute to develop appropriate prevention and treatment strategies.

METHODOLOGY

In association with those efforts, the National Youth Polydrug Study (NYPS), a nationwide study of youthful drug use conducted by the Philadelphia Polydrug Research Project, made investigation of phencylidine use based on their 1976-77 survey. The 2,750 subjects were drawn from a national sample of 97 drug abuse treatment programs oriented toward a youthful population. All subjects were 18 or younger (average age = 16.4) and all were interviewed between September 1976 and March 1977, within three month of entering into treatment. A brief description of the sample in terms of demographic characteristics is shown in appendix A.

The programs represent all geographic regions (urban through rural settings), all modalities, and treated youth of differing racial and ethnic groups. Nonetheless, the data base cannot be regarded as wholly representative, since clients and programs were neither randomly drawn nor strictly stratified.

Single State Agency staff assisted in the location of appropriate youth treatment programs. Approximately 350 treatment programs, servicing any youthful drug abusers, were contacted to determine the appropriateness and the adequacy of the admission rate of their youth client populations for the study. Ninety-seven such programs were selected, agreed to participate, and formed the study sample.

The regional distribution of the 97 participating programs is depicted in the following chart.

The treatment environments sampled included: inpatient (hospital), residential, day care, and outpatient. The treatment modalities included: detoxification, counseling/psychotherapy, therapeutic comminities, halfway houses, crisis centers, and methadone maintenance. The largest client group, comprising 63 percent of the total sample, was in the outpatient group and was being treated with counseling and psychotherapy. The next largest category received treatment in a residential therapeutic setting and accounted for 12 percent of the subjects.

FINDINGS

In response to NIDA request, the staff of the NYPS made special analysis of its data base to produce information about youthful phencyclidine use. It should be recognized that the findings described represent an early and partial reporting of the data available from the youth polydrug sample. Additional reports, now in production, will explore other aspects of youthful drug use.

Phencyclidine (PCP) Use

Within the total NYPS sample, 875 cases of the 2,750 (31.8 percent) reported either current or past use of phencyclidine (see table 1). Phencyclidine ranked seventh in current or past use among the 15 drug types in the NYPS survey and had been used more widely and more frequently than all drugs other than alcohol, marihuana, hashish, amphetamines, barbiturates, and hallucinogens.

CHART 1

REGIONAL DISTRIBUTION OF PARTICIPATING PROGRAMS

REGION	STATES IN WHICH PROGRAMS PARTICIPATED	NUMBER OF PARTICIPATING PROGRAMS
Northeast	Connecticut, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Virginia, Vermont	26
Southeast	Alabama, Arkansas, Florida, Georgia, Louisiana, North Carolina, Tennessee	16
Great Lakes	Illinois, Indiana, Michigan, Ohio, Wisconsin	18
Midwest	Iowa, Kansas, Minnesota, Missouri, North Dakota	11
Southwest	Arizona, Nevada, New Mexico, Oklahoma, Texas, Utah	11
West Coast	California, Oregon, Washington	12
Northwest	Idaho, Montana	3
Totals	37 (States)	97

TABLE 1

USE OF 15 DRUG TYPES FOR YOUTHS IN TREATMENT

(N = 2,750)

Drug Type	N	%
1. Marihuana	2,486	90.4
2. Alcohol	2,449	89.1
3. Amphetamines	1,237	45.0
4. Hashish	1,165	42.4
5. Hallucinogens	1,098	40.0
6. Barbiturates	1,097	39.9
7. Phencyclidine	875	31.8
8. Inhalants	795	28.8
10. Cocaine	710	25.8
11. Other Opiates	678	24.7
12. Heroin	344	12.5
13. Over-the-Counter	232	8.4
14. Illegal Methadone	108	3.9
15. Other	44	1.6

The size of the phencyclidine-using subsample is noteworthy. To find that 31.9 percent of the male sample and 31.7 percent of the female sample reported to have used phencyclidine at some time during their young drug use careers was quite unexpected. These percentages lend support to recent reports of a national trend in increased phencyclidine use.

As reported above, phencyclidine use was found to be equally in use among both sexes, with approximately a third of the males and a third of the females reporting its use. In regard to racial (ethnic) background, whites were found to report a higher rate of phencyclidine use relative to their proportion in the sample (see table 2). A substantial percentage of the white subjects (42.3 percent), compared to only 8.5 percent of the black subjects, and 9.0 percent of the Hispanic subjects, reported use of phencyclidine. (Table 2 shows column percentages and not these row percentages.)

The regional prevalence of phencyclidine in the NYPS sample is described in table 3. The Great Lakes and the Midwest regions show the highest rates of phencyclidine use, with 46.6 percent and 46.4 percent of respondents from each region reporting ever having used phencyclidine. Again, the reader is cautioned regarding the nonrepresentativeness of the programs and clients selected. Data obtained from West Coast and Northwest regions particularly must be seen questionable, as a consequence of the relatively small numbers of clients and programs available from which to choose.

The Onset of Phencyclidine Use

The mean age of first phencyclidine use was 14.6 years of age and the mean age of first continuous use was 14.8 years. Figure 1 demonstrates graphically that age of first "continuing" use tends to follow very soon after age of first use. Consistent with most other drug types in this study (except alcohol, marihuana, and inhalants), females reported the earlier mean age for first use of phencylidine: 14.4 years, compared to 14.7 years for males (see table 4). It must be recalled that, in order to qualify for this sample, subjects had to be between the ages of 12 and 18, inclusive.

Of the 875 clients reporting any phencyclidine use, 67 percent (586) reported "continued" use of phencyclidine (use at a rate of at least once a week for at least a 1-month period). The percentage of phencyclidine users who became "continuing" (or regular) users (67 percent) is compared in table 5 with the percentages of users of each of the other types of drugs who also became "continuing" users of each of those drugs. Thus, only alcohol and marihuana are reported as likely to be used at least once a week for a 1-month period by greater than 70 percent of their users.

The Phencyclidine User vs. the NonPhencyclidine User

Perhaps one of the most remarkable differences between those who have used phencyclidine and those who have never used it is the greater involvement of phencyclidine users in polydrug abuse: the phencyclidine user reported using twice as many substances as the nonphencyclidine user. Phencyclidine users report a mean of 6.0 substances ever used, while nonphencyclidine users report a mean of 2.8 substances ever used ($t = 33.4$, $p < .0001$). Phencyclidine users also reported a higher mean number of drugs used during the three months prior to admission to treatment; 5.8 substances compared to a mean of 2.6 substances by nonphencyclidine users ($t = 28.1$, $p < .0001$). Thus, it is clear that for a youth population that applies or is referred for treatment, phencyclidine use is commonly an integral part of a larger polydrug abuse problem.

The Use of Phencyclidine--One Component of a Multiple Substance Use Pattern

It is of particular interest that not a single subject who used phencyclidine in this study used only this substance. All phencyclidine users were using other substances either sequentially or concurrently with phencyclidine. Almost all (99.5 percent) of the phencyclidine users used marihuana. Other drugs reportedly used by phencyclidine users were: alcohol (97.7 percent); hashish (77.8 percent); amphetamines (75.8 percent); hallucinogens (72.2 percent). (See table 6.) Interestingly, other than alcohol, marihuana (which is almost universally used in this sample), and hashish, phencyclidine is reported as a drug of abuse next most frequently by users of amphetamines and hallucinogens.

Frequency of Use of Phencyclidine

As shown in table 7, of the current users of phencyclidine, approximately 50 percent were found to be using at an average frequency of once per week or more frequently during the 3-month period. Data was available on peak frequency of use for 812 of the 875 subjects who ever used phencyclidine (see table 8). Sixty-three percent of these subjects were found to have had an average peak frequency

TABLE 2

COMPARISON OF SUBJECTS WHO "EVER USED"
WITH THOSE WHO "NEVER USED" PHENCYCLIDINE

Characteristic	Never Used Phencyclidine		Ever Used Phencyclidine	
	N	%	N	%
Sex				
Male	1,138	61.1	534	61.4
Female	725	38.9	336	38.6
Race				
White	1,068	58.8	784	90.5
Black	354	19.5	33	3.8
American-Indian	116	6.4	18	2.1
Oriental	3	.2	4	.5
Hispanic	274	15.1	27	3.1
Age (at admission)				
< 12 Years	31	1.8	1	.1
13	94	5.0	18	2.1
14	228	12.2	64	7.3
15	389	20.8	173	19.8
16	507	27.1	276	31.6
17	398	21.3	225	25.7
18	224	12.0	117	13.4

TABLE 3

PHENCYCLIDINE USE BY REGION

Region	Ever Used Phencyclidine		Never Used Phencyclidine		Row	Total
	N	Row %	N	Row %	N	Col. %
Great Lakes	270	(46.6)	309	(53.4)	579	(21.1)
Midwest	116	(46.4)	134	(53.6)	250	(9.1)
Southeast	153	(31.5)	333	(68.5)	486	(17.7)
West Coast	67	(27.2)	179	(72.8)	246	(8.9)
Northeast	191	(24.2)	599	(75.8)	790	(28.7)
Southwest	72	(23.8)	230	(76.2)	302	(11.0)
Northwest	7	(7.2)	90	(92.8)	97	(3.5)
	876	(31.9)	1,874	(68.1)	2,750	(100)

TABLE 4

MEAN AGE OF 1ST DRUG USE & 1ST CONTINUING DRUG USE BY SEX

		MALES			FEMALES			t Age 1st Use	t Age 1st Continuing Use
		X	S.D.	N	X	S.D.	N		
Heroin	A_1	15.0	1.6	219	14.7	1.6	119	1.65	
	A_2	15.5	1.5	130	15.2	1.6	73		1.31
Illegal Methadone	A_1	15.1	1.7	70	15.0	1.3	37	.34	
	A_2	15.7	1.5	30	15.6	1.5	17		.22
Other Opiates	A_1	14.5	1.7	413	14.2	1.8	257	2.14*	
	A_2	14.8	1.9	207	14.7	1.5	135		.54
Alcohol	A_1	12.0	2.7	1460	12.4	2.5	952	-3.73**	
	A_2	13.9	1.8	1284	13.8	1.7	807		1.28
Barbiturates	A_1	14.2	1.6	633	14.0	1.4	447	2.18*	
	A_2	14.7	1.5	423	14.4	1.4	323		2.81*
Other Sedatives	A_1	14.4	1.5	449	14.0	1.6	332	3.60**	
	A_2	14.7	1.5	304	14.4	1.5	230		2.29*
Amphetamines	A_1	14.2	1.6	696	14.0	1.4	528	2.33*	
	A_2	14.6	1.7	461	14.3	1.5	378		2.71*
Cocaine	A_1	15.1	1.5	450	14.8	1.6	253	2.44*	
	A_2	15.3	1.7	216	15.0	1.4	118		0.0
Marihuana	A_1	12.8	2.0	1501	13.1	1.7	951	-3.97**	
	A_2	13.6	1.8	1416	13.6	1.6	884		0.0
Hashish	A_1	14.0	1.8	722	13.9	1.5	428	1.01	
	A_2	14.4	1.6	457	14.0	1.6	236		3.12*
Hallucinogens	A_1	14.5	1.6	678	14.2	1.4	409	3.24**	
	A_2	14.8	1.5	379	14.4	1.5	248		3.27**
Inhalants	A_1	13.0	2.1	534	13.3	1.9	253	-0.67	
	A_2	13.1	2.2	354	13.0	2.2	137		.45
Over-the-Counter	A_1	14.1	2.0	122	14.0	2.2	106	.36	
	A_2	14.6	1.6	55	14.3	2.3	63		.83
Phencyclidine	A_1	14.7	1.5	530	14.4	1.4	332	2.98**	
	A_2	14.9	1.4	356	14.8	1.4	216		.83
Other	A_1	14.0	3.0	32	13.3	4.0	11	.53	
	A_2	14.8	3.3	20	14.3	1.4	6		.54

-"t" = earlier age of first use by males
+"t" = earlier age of first use by females
* = significant at .05 level of confidence
** = significant at .01 level of confidence
A_1 = Age of first use
A_2 = Age of first Continuing use

FIGURE 1

COMPARISON OF AGE OF FIRST PCP USE AND
AGE OF FIRST CONTINUOUS USE OF PCP

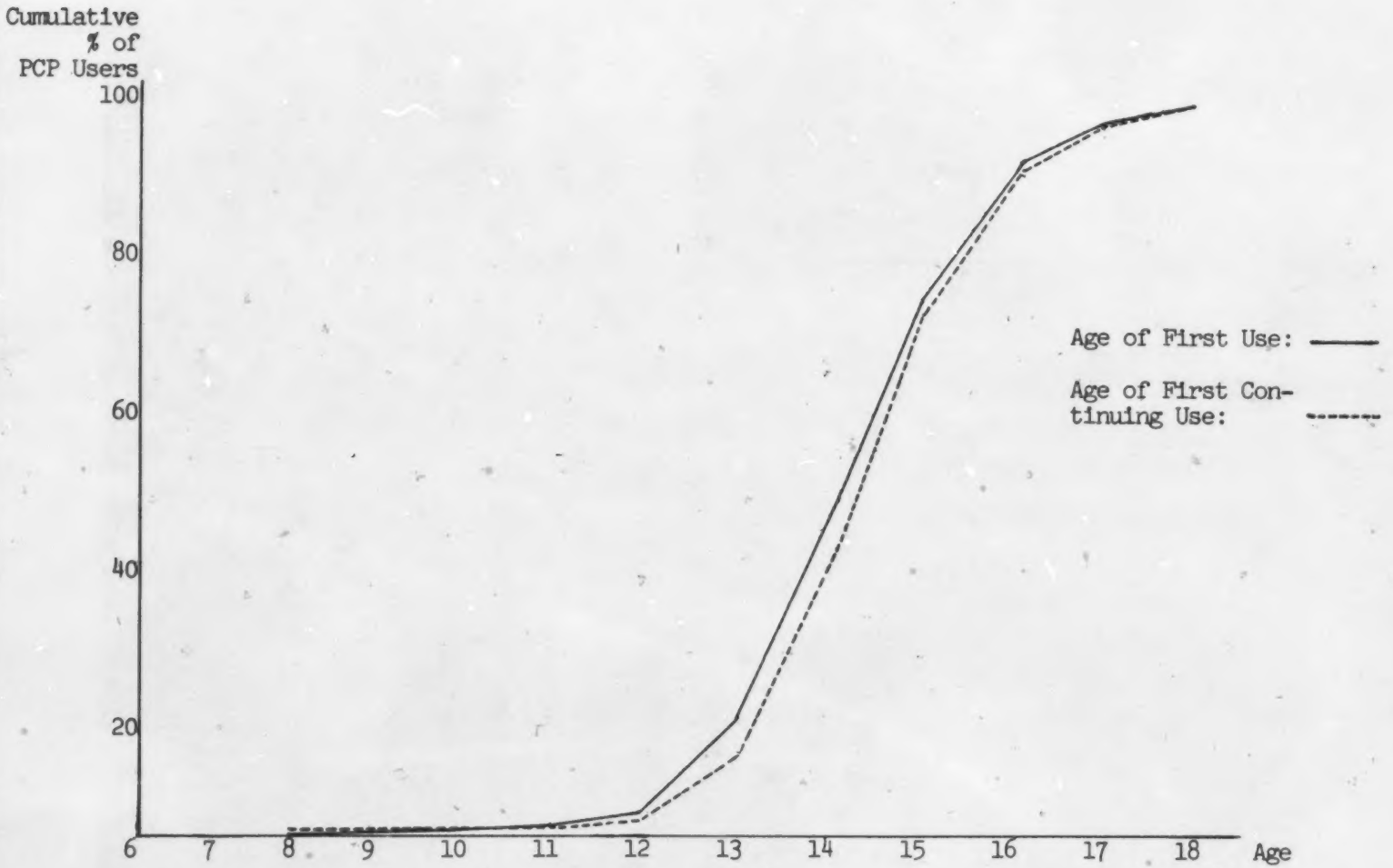

TABLE 5

PERCENTAGE OF SUBJECTS REPORTING "CONTINUED USE"* FOR EACH DRUG TYPE

Drug Type	% of "Ever Used" Reporting Continuing Use
Marihuana	96
Alcohol	87
Other Sedative	69
Barbiturates	68
Amphetamines	67
Phencyclidine	67
Inhalants	62
Other	60
Hashish	60
Heroin	60
Hallucinogens	58
Over-the-Counter Drugs	51
Other Opiates	51
Illegal Methadone	45

* "Continued Use" is defined as use of the substance at least once per week for at least a one month period.

TABLE 6

PHENCYCLIDINE USERS (N = 875) WHO USED EACH OF THE OTHER DRUG TYPES

	Ever Used Phencyclidine		Currently Using Phencyclidine	
Drug Type	N	% of All PCP Users	N	% of PCP Users
Marihuana	871	99.5	550	99.1
Alcohol	855	97.7	526	94.9
Hashish	681	77.8	341	61.4
Amphetamines	663	75.8	303	54.6
Hallucinogens	632	72.2	289	52.1
Barbiturates	589	67.	297	-53.5
Other Sedatives	489	55.9	248	44.7
Other Opiates	414	47.3	140	25.2
Cocaine	414	47.0	141	25.4
Inhalants	364	45.8	91	16.4
Heroin	173	19.7	51	9.2
Over-the-Counter Drugs	143	16.3	44	7.9
Illegal Methadone	64	7.3	14	2.5
Other	10	1.1	-	-

TABLE 7

FREQUENCY* OF PHENCYCLIDINE USE BY SUBJECTS CURRENTLY USING PHENCYCLIDINE

	N	%
Less than once a month	97	17.3
Once a month	69	12.3
Two to three times a month	112	20.0
Once a week	83	14.8
Two to three times a week	99	17.6
Four to six times a week	28	5.0
Daily	41	7.3
Twice a day	12	2.1
Three or more times a day	20	3.6
Total	561	100.

*Frequency of use was assessed for the three month period preceding admission.

TABLE 8

AVERAGE PEAK FREQUENCY OF PHENCYCLIDINE USE

	N	%
Less than once a month	87	10.7
Once a month	115	14.2
Two to three times a month	97	11.9
Once a week	105	12.9
Two to three times a week	178	21.9
Four to six times a week	79	9.7
Daily	81	10.0
Twice a day	24	3.0
Three times or more a day	46	5.7
	812	100.0

Peak frequency was measured in terms of the frequency of use the one month period during which the subject used the drug most often.

TABLE 9

RATINGS OF EASE IN OBTAINING PHENCYCLIDINE

Obtainability	N	%
Easy	483	55.5
Available	215	24.7
Difficult	115	13.2
Very Difficult	50	5.7
Not Available	8	0.9
Total	871	100.0

TABLE 10

PRIMARY SOURCES OF OBTAINING PHENCYCLIDINE

	Male		Female		Total	
Primary Source	N	%	N	%	N	%
Street Buy - Friend	199	37.6	134	41.1	333	39.0
Street Buy - Dealer	218	41.2	63	19.3	281	32.9
Gift from Friend	80	15.1	117	35.9	197	23.0
All Other Sources	32	6.1	12	3.7	44	5.1
Total	529	100.0	326	100.0	855	100.0

TABLE 11

SELF DESTRUCTIVE BEHAVIOR BY PHENCYCLIDINE USERS AND NONUSERS OF PHENCYCLIDINE

	Phencyclidine Users			Nonusers of Phencyclidine			t Test
	X	N	S.D.	X	N	S.D.	
Mean Number of ODs	1.29	876	4.7	.31	1874	1.0	t = 6.06 p < .0001
Mean Number of Suicide Attempts	.65	876	2.1	.30	1874	14	t = 4.33 p < .0001

PREVIOUS TREATMENT HISTORY BY PHENCYCLIDINE NONPHENCYCLIDINE USE AND NON-USE OF PHENCYCLIDINE

Mean Number of Drug or Alcohol	.49	876	1.2	.20	1874	.88	t = 5.96 p < .0001
Number of Drug or Alcohol Hospitalizations	.41	876	1.0	.16	1874	.66	t = 6.36 p < .0001
Mental Health Treatment Experiences	.68	876	1.8	.37	1874	1.7	t = 4.14 p < .0001
Inpatient Hospitalization for Mental Health Related Problems	.22	876	.69	.12	1874	.60	t = 3.4 p < .001

TABLE 12

PRIMARY SOURCE OF REFERRAL

	Never Used Phencyclidine		Ever Used Phencyclidine		Total	
Referral Source	N	%	N	%	N	%
Self	223	14.2	111	15.2	334	14.5
Family	231	14.7	112	15.4	343	14.9
Peers	265	16.9	77	10.6	342	14.9
School	161	10.3	66	9.1	227	9.9
Judge	106	6.8	88	12.1	194	8.4
Police	83	5.3	25	3.4	108	4.7
Parole Office	217	13.8	122	16.8	339	14.8
Social Service Agency	140	8.9	53	7.3	193	8.4
Other	142	8.8	74	10.1	216	9.2
	1568	100.0	728	100.0	2296	100.0

of use of at least once per week. However, a sizable minority (18.7 percent) of these had an average frequency of at least daily use during the one month of peak use.

Ease of Obtaining Phencyclidine

More than half (55.5 percent) of the subjects who ever used phencyclidine reported that they found it "easy" to obtain (see table 9). Thus, it may be said that the clients in this study generally believed phencyclidine easy to obtain, or at least to be "available," since an additional one quarter of the subjects (24.7 percent) rated phencyclidine as being "available."

This finding, however, needs to be put in perspective, since the client sample reported most of the drug types to be at least as "easy" to obtain and as "available" as phencyclidine. Only cocaine, hashish, illegal methadone, and hallucinogens were reported to be less easy to obtain or less available.

Sex Difference by Phencyclidine Source

Male youth reported they more often made street-buys from dealers than did females. Female youth more often received their phencyclidine as a gift from a friend, presumably from a male friend (see table 10). This finding is apparently related to culture-bound sex-role differences which expressed themselves in the way illicit drugs are obtained by the two sexes; thus, this difference was also found to be present for most of the other types of drugs.

Overdoses and Suicide Attempts

Table 11 appears to show clearly that phencyclidine users engage in significantly more self-destructive behavior, intentional and/or unintentional, in the form of overdoses (ODs) and suicide attempts, than do nonusers of phencyclidine. However, the reports of toxic reactions and self-destructive acts cannot be interpreted as consequent to phencyclidine use, but simply as associated with persons who use phencyclidine. The greater incidence of ODs could be explained at least in part by the more intensive involvement by phencyclidine users with multiple drugs, by a greater level of psychopathology among phencyclidine users, etc. Clearly, this is an area requiring further investigation.

Table 11 similarly gives the impression that there is a more extensive experience of previous treatment episodes associated with the use of phencyclidine, as indicated by a significantly greater number of previous drug, alcohol, and mental health treatment episodes and hospitalizations, than was reported for nonusers of phencyclidine.

Entry into Treatment

Phencyclidine users entered treatment (current admissions) at an average age of 16.5. The primary sources of referral to treatment for phencyclidine users and for nonusers of phencyclidine are presented in table 12. Phencyclidine users were somewhat less often referred for treatment by their peers, and somewhat more often referred by judges.

Having a history of regular ("continuous") use of phencyclidine was found to be associated with the reporting of a "Family Related Problems" and problems in maintaining school attendance as a consequence of familial difficulties and/or learning problems.

APPENDIX A

The Subjects

The criteria for inclusion as an interviewee in the NYPS study were that the person had to be between the ages of 12 and 18, have a history of drug abuse, and have been admitted to the treatment program within the 3-month period preceding the interview. All subjects were interviewed during the 6-month period from September 1976 to March 1977, except for a special group of 140 Native-American youth clients who were included in the sample in order to achieve an adequate representation of minority youth. Since participation was voluntary, an additional criterion was the client's consent to the interview; however, the participating programs did not report any difficulty in obtaining the client's consent. Interviews generally took from 40 to 90 minutes. Table A of the appendix describes client demographic characteristics.

TABLE A

DEMOGRAPHIC CHARACTERISTICS OF THE NYPS SAMPLE*

		% of Subjects
Age Distribution	12.00 - 14.99	16
	15.00 - 15.99	20
	16.00 - 16.99	29
	17.00 - 17.99	23
	18.00 - 18.99	12
Mean Age	16.4 (S.D. = 1.7)	-
Sex	Males	61
	Females	39
Race	White	70
	Black	14
	Other	16
Education (Last Year of School Completed)	8	
	8 - 9.99	13
	10 - 11.99	47
	12 - 13.99	36
		4
Mean Years of School Completed	9.1 (S.D. = 1.4)	-
Marital Status	Single	98
	Married	1
	Separated or Divorced	1
Religion	Protestant	34
	Catholic	34
	Jewish	2
	Other	2
	None/No response	28
Living Arrangements	At Home	77
	With other relatives	5
	Group & foster homes	5
	Friends	3
	Alone	2
	Other	8

N = 2750